

09/414295

**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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18						
19			1			
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50						
TOTAL IND.			2			
TOTAL DEP.			7			
TOTAL CLAIMS			9			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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